

## PREGNANCY PREVENTION INTERVENTION IMPLEMENTATION REPORT

**Intervention Name:** *Assisting in Rehabilitating Kids*

**Developer:** Janet S. St. Lawrence, PhD

**Program Description:** *Assisting in Rehabilitating Kids* (ARK) is an intervention designed to increase abstinence, increase safer sex, and reduce risky sex behaviors in substance-dependent youth. The intervention is delivered in small groups after the participants' initial detoxification in the drug treatment facilities. Delivery methods include games, group discussion, lectures, practice, and training. ARK is adapted from the *Becoming a Responsible Teen* (BART) program.

### Component 1: Group Intervention

The intervention consists of 12 sessions, each lasting 90 minutes, delivered to small groups of mixed-gender youth:

- Sessions 1–2: Information. Standard HIV/STD prevention and transmission information is presented in these two sessions.
- Sessions 3–11: Behavioral Skills. Five behavioral skills sessions are based on the *Becoming a Responsible Teen* (BART) intervention and provide training and practice for correct condom use, negotiation and refusal skills, and communicating information and skills to peers. Problem-solving and anger management skills relevant to drug-dependent adolescents are taught in four sessions.
- Session 12: Motivation. This session introduces an emotion-based risk-sensitization manipulation. It entails taking a digital photograph of each participant and digitally transforming it to depict how one might appear at end-stage AIDS. A discussion follows, focusing on adolescents' emotional responses and the effect of the images on their willingness to engage in risky or safer sexual behaviors.

**Target Population:** Available information describes the target population as substance-dependent adolescents (average age is 16 years) in residential treatment facilities.

**Curriculum Materials:** No information is available online about curriculum materials.

**Training and TA:** No training or TA information is available at this time.

## **Research Evidence**<sup>1</sup>

<b>Study Citation:</b>	St. Lawrence, J. S., Crosby, R. A., Brasfield, T. L., & O'Bannon III, R. E. (2002). Reducing STD and HIV risk behavior of substance-dependent adolescents: A randomized controlled trial. <i>Journal of Consulting and Clinical Psychology</i> , 70(4), 1010-1021.
<b>Population Evaluated:</b>	<p>Substance-dependent adolescents admitted to residential drug treatment facilities in Mississippi</p> <ul style="list-style-type: none"><li>• Mean age 16 years</li><li>• 75% white, 22% African American, 2% Native American, and 1% Hispanic</li><li>• 68% male and 32% female</li></ul>
<b>Setting:</b>	Residential drug treatment facilities in Mississippi
<b>Study Findings:</b>	At the 6- and 12-month follow-ups: adolescents participating in the intervention were significantly more likely to report being abstinent in the previous 30 days.

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<sup>1</sup> This summary of evidence is limited to studies of the intervention meeting the inclusion criteria and evidence standards for the Pregnancy Prevention Research Evidence Review. Findings from these studies include only those showing a statistically significant positive impact on sexual risk behavior or its health consequences. Studies may present other positive findings beyond those described; however, they were not considered as evidence for effectiveness because they focused on non-priority outcomes or subgroups, did not meet baseline equivalence requirements, or were based on follow-up data with high sample attrition. For additional details on the review process and standards, see the review's Technical Documentation.